



02/21/97

Initial Review
BOX AE

35.C10516

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
 TAKEHIRO YOSHIDA) Examiner: S. Palan
 Application No.: 08/395,588) Group Art Unit: 2605
 Filed: February 28, 1995)
 For: COMMUNICATION APPARATUS)
 FOR SELECTING A)
 COMMUNICATION PROTOCOL)
 COMPATIBLE TO A PARTNER)
 STATION AND EXECUTING)
 THE SELECTED PROTOCOL : February 13, 1997

Assistant Commissioner for Patents
 Box AF
 Washington, D.C. 20231

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated November
 13, 1996, please amend the above-identified application as
 follows.

I hereby certify that this correspondence is being deposited with the
 United States Postal Service as first-class mail in an envelope
 addressed to: Assistant Commissioner for Patents, Washington,
 D.C. 20231 on February 13, 1997

(Date of Deposit)

Abigail Cousins
 (Name of Attorney for Applicant)

Abigail Cousins February 13, 1997
 Signature Date of Signature

K. Ward
 2/28/97
 #13 Remdt C
 (U.S.)
 K. Ward
 10/2/97
 #18 Remdt
 Cent

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MR
 4-1-97



In re Application of: 02/21/97

Docket No. 35.C10516

TAKEHIRO YOSHIDA

Application No.: 08/395,588

Examiner: S. Palan

Filed: February 28, 1995

Group Art Unit: 2605

For: COMMUNICATION APPARATUS FOR
SELECTING A COMMUNICATION
PROTOCOL COMPATIBLE TO A
PARTNER STATION AND EXECUTING
THE SELECTED PROTOCOL

Date: February 13, 1997

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	** 20	= 0	x \$11 \$22	0
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$39 \$78	0
Fee for Multiple Dependent claims \$125°/\$250						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ *Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_ to cover the Extension fee for response within months is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 758-2400. All correspondence should continue to be directed to our address given below.

Abigail Cousins
Attorney for Applicant
Reg. No. 29,292

FITZPATRICK, CELLA, HARPER & SCINTO
277 Park Avenue
New York, New York 10172
Facsimile: (212) 758-2982

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